

CIPHER Medical Consultancy Limited

# CIPHER Medical Consultancy Limited

## Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

CIPHER Medical Consultancy Limited is operated by CIPHER Medical Consultancy Limited. The service provides emergency and urgent care by providing a 'see and treat' service. The service was provided for patients who were classified as a category three which is a low risk emergency. The service transports some patients who had been seen and treated and required additional care. These patients were transferred to the hospital or urgent care centre.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 April 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- The managers were clear about the vision and strategy of the organisation to make sure it provided high quality care.
- The management team worked with the NHS ambulance trust to provide services, which met the needs of local people.
- The service had enough skilled staff to safely respond to emergency calls. The staffing levels and skill mix of the staff met the patients' needs.
- All cars were visibly clean and systems were in place to ensure cars were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and were aware of their role and responsibilities.
- Staff demonstrated exceptional pride in their role and we saw examples where they had shown care and compassion when treating patients.
- We saw that the leadership of the service was open, approachable and inclusive and staff confirmed this.

However, we also found the following issues that the service provider needs to improve:

- The service did not carry out infection control and hand hygiene audits to measure the quality and effectiveness of the service delivered.
- Hazardous substances such as cleaning products were not locked away and stored securely
- The service was not meeting the Accessible Information Standard (AIS) to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details of these are at the end of the report.

Ellen Armistead Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care services

### Rating Why have we given this rating?

CIPHER Medical Consultancy Limited is operated by CIPHER Medical Consultancy Limited. The service provides emergency and urgent care by providing a 'see and treat' service. A see and treat service was provided for patients who were classified as a category three which is a low risk emergency.

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities that it provides.

We found the following areas of good practice:

- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- The managers were clear about the vision and strategy of the organisation to make sure it provided high quality care.
- The management team worked with the NHS ambulance trust to provide services, which met the needs of local people.

# CIPHER Medical Consultancy Limited

## Detailed findings

Emergency and urgent care

# Detailed findings

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## Background to CIPHER Medical Consultancy Limited

CIPHER Medical Consultancy Limited is operated by CIPHER Medical Consultancy Limited. The service provides emergency and urgent care by providing a 'see and treat' service. A see and treat service was provided for patients who were classified as a category three which is a low risk emergency. The service transports some patients who had been seen and treated and required additional care. These patients were transferred to the hospital or urgent care centre.

The service provided two 12 hour shifts between 10:00am and 12:00am. It is an independent ambulance service in Hartlepool, County Durham. The service primarily serves the communities of Teesside, Durham and Cleveland.

The service has had a registered manager in post since 2016. The service started providing regulated activities in December 2017.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and one

specialist advisor with expertise in governance and patient transport services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

## How we carried out this inspection

# Emergency and urgent care services

Safe

Effective

Caring

Responsive

Well-led

Overall

## Information about the service

CIPHER Medical Consultancy Limited is operated by CIPHER Medical Consultancy Limited. The service provides emergency and urgent care by providing a 'see and treat' service. The service was provided for patients who were classified as a category three which is a low risk emergency. It is an independent ambulance service in Hartlepool, County Durham.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

During the inspection, we visited the base in Hartlepool. We spoke with four staff including; registered paramedics and management. We also observed a paramedic responding to two see and treat patients.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not previously been inspected by CQC.

Activity from December 2017 to April 2018

- In the reporting period December 2017 to April 2018 the service responded to 856 see and treat patients under emergency and urgent care.

Twenty six registered paramedics worked at the service which included a bank of temporary staff. The accountable officer for controlled drugs (CDs) was each registered paramedic.

Track record on safety from December 2017 to April 2018. The provider reported:

- No never events
- No serious injuries
- No complaints

# Emergency and urgent care services

## Summary of findings

We found the following areas of good practice:

- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- The managers were clear about the vision and strategy of the organisation to make sure it provided high quality care.
- The management team worked with the NHS ambulance hospital trust to provide services, which met the needs of local people.
- The service had enough skilled staff to safely carry out the booked patient transfers and ensured a minimum of two staff were allocated to each patient transfer. The staffing levels and skill mix of the staff met the patients' needs.
- All cars were visibly clean and systems were in place to ensure cars were well maintained.
- All equipment necessary to meet the various needs of patients was available.
- There were effective recruitment and systems to support staff.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had a clear understanding of the Mental Health Act (1983) and were aware of their role and responsibilities.
- Staff demonstrated exceptional pride in their role and we saw examples where they had shown care and compassion when treating patients.
- We saw that the leadership of the service was open, approachable and inclusive and staff confirmed this.

However, we also found the following issues that the service provider needs to improve:

- The service did not carry out infection control and hand hygiene audits to measure the quality and effectiveness of the service delivered.
- Hazardous substances such as cleaning products were not locked away and stored securely.
- The service was not meeting the Accessible Information Standard (AIS) to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.

## Are emergency and urgent care services safe?

### Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported and investigated. The policy differentiated between serious incidents, incidents and near misses. This meant the service was able to assess and analyse incidents as well as identify themes and trends or areas for improvement.
- Staff would report incidents to the duty manager using a reporting form. Staff we spoke with were aware of the accident and incident reporting procedure. The head of operations and education told us any incident would be investigated and the learning would be shared with staff through the clinical bulletin.
- The service reported there were no incidents or near misses from March 2017 to April 2018.
- The service had not reported any serious incidents from March 2017 to April 2018.
- The service reported that there were no never events in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service had a procedure for the duty of candour. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff we spoke with understood the duty of candour regulations and the requirement to be open and honest.

### Mandatory training

- All staff were required to complete and record their mandatory training. Mandatory training was delivered through a combination of face-to-face and online training. We saw evidence of training certificates in staff files. Examples of training included; basic life support, Mental Capacity Act 2005, dementia awareness, infection control, disability awareness, moving and handling, and information governance. We saw records

# Emergency and urgent care services

that showed 100% of staff had completed mandatory training. Managers monitored compliance with mandatory training online and were alerted when training needed to be refreshed.

- There was an induction checklist to ensure that all staff had completed relevant training prior to becoming operational on the cars. Staff did not respond to calls until induction was completed.
- The service provided staff training to undertake cars safety checks. This ensured staff were competent to undertake the car checks required.
- There was an effective process for checking driving licences. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system that recorded these driving licence checks.
- Managers told us that all drivers had their driving licence and eligibility to drive cars checked on an ongoing basis through the Driver and Vehicle Licensing Agency. We saw evidence of these checks.
- There was a system to check on driving competence. We saw records which showed that staff had completed blue light training and an ambulance driver awareness course.
- The operations director showed us that the quality of driving was monitored by a global positioning system (GPS) that was present on all cars.

## Safeguarding

- The service had a policy for safeguarding children and protecting vulnerable adults from abuse. The policy gave clear guidance to staff on how to report urgent concerns and included contact information for the appropriate local authority safeguarding children or adult teams.
- Staff were aware of guidance related to specific safeguarding issues. The safeguarding policy did not include the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identifying and preventing terrorism. Following our inspection the practice sent us an updated safeguarding policy.
- The head of operations and education was the safeguarding lead and had completed training in safeguarding vulnerable adults and child protection at level three. We saw records which showed the safeguarding lead was due to attend a level four course

on the 21 and 22 May 2018. All staff completed training in safeguarding vulnerable adults and child protection at level two and some staff had completed training at level three. Managers told us the service did see and treat children.

- All staff we spoke with had a good understanding of safeguarding and when they would report an incident. Staff we spoke with could describe the signs of abuse, knew when to report a safeguarding incident, and knew how to do this.
- The managing director told us staff reported safeguarding concerns at the time that they occurred directly to the NHS ambulance trust that they worked with, and to the service's safeguarding lead. Staff had reported one safeguarding in the last 12 months.
- We noted the service kept a record of the safeguarding incident that was referred directly to the NHS ambulance trust. The safeguarding lead showed us reporting log. There was one safeguarding concern reported in April 2018 which was categorised as neglect. We noted the log kept a detailed record of the concern and the reporting process.

## Cleanliness, infection control and hygiene

- The service had an infection prevention and control (IPC) policy. The policy stated staff should follow guidance on hand hygiene, personal protective equipment, environmental cleaning, waste management and uniforms.
- The operations support paramedic was the infection control lead.
- Staff we spoke with were aware of their responsibilities related to IPC including where patients may have a specific infection.
- We observed staff complying with good hand hygiene, no wristwatches were worn, and staff uniforms were clean.
- We observed segregation of clinical and non-clinical waste took place and processes were in place for the removal of clinical waste.
- The sluice room at the ambulance station contained colour coded buckets, mops and cleaning materials that were clearly labelled. The floors in the sluice room were colour coded to mark the area as dirty and clean. There was enough space should the ambulance crew need to hose down a car.
- An externally contracted company carried out a deep cleaning on cars every three months. Staff told us cars



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would be deep cleaned sooner if required. We saw records which showed that deep cleaning had been carried out in February and March 2018. A deep clean involves cleaning a car to reduce the presence of certain bacteria. A deep cleaning checklist was used to show when and what area of the cars were cleaned

- All of the cars we viewed were visibly clean, tidy with fixtures and fittings in good repair, and easy to clean. Decontamination cleaning wipes were available on all cars. The crew assigned to the car each day completed the day-to-day cleaning of cars. We saw that the daily records for the cars cleaning regime had been completed.
- We observed hazardous spillage equipment was available on the ambulance.
- All staff received induction on IPC. Data provided by the service showed that all staff had completed infection prevention and control training.
- The service had not carried out an IPC or hand hygiene audit. The head of operations and education was responsible for audits and told us the service would implement IPC or hand hygiene audit.

## Environment and equipment

- The service had three cars and two were operational at the time of our inspection. The third car had recently been purchased and had not been connected to the communication and booking system with the NHS ambulance trust. The managing director told us this car would be kept as a reserve.
- The service had recently acquired a second unit on an industrial estate. Both units were operational and within close proximity. The premises were clean and tidy with adequate space to safely store the cars. There was an office space, facilities for staff, cleaning and separate storage areas.
- The storeroom was clean and tidy with stores clearly labelled in plastic storage cabinets kept off the floor. There was evidence of good stock rotation and all consumables were in date.
- Both units on the industrial estate were secure. The administrative office contained a locked metal cabinet for storing keys to the car.
- Staff told us they had no issues with lack of equipment or stores.
- We observed the cars were stocked with equipment for the treatment of adults and children.

- We saw records which clearly showed when cars were last maintained and when the Ministry of Transport safety tests certificates were undertaken and next due. Records were kept for each car that included the car logbook, service history, insurance and road tax payments.
- Hazardous substances such as cleaning products were not locked away and stored securely. We discussed this with the managing director who ordered a cabinet to store hazardous substances in line with the Control of Substances Hazardous to Health 2002 Regulations. .

## Medicines

- The service had a medicine management policy. The policy stated the procedure for the safe handling and dispensing of medicines.
- Medical gases were stored securely in a locked cage. Gases were obtained directly from an external supplier.
- Staff we spoke with knew about their responsibilities when administering oxygen. Staff had received training in oxygen administration and told us they referred to guidelines issued by Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- The service had a medicines management policy which detailed how medicines should be ordered, recorded and stored.
- There were no controlled drugs on site. One paramedic told us they ordered controlled drugs which were stored at their residence in a locked safe. They were responsible for transporting the drugs to the site. The medicines management policy delegated the procurement, management and storage of medicine to the paramedics.
- The service had an effective system to monitor the use of controlled drugs. When a patient received a controlled drug it was recorded on the patient report form which is handed over to the ambulance crew of the NHS ambulance trust. A monthly controlled drug audit had been implemented to monitor the safe use of controlled drugs. The audit showed that the service complied with its medicines management policy.
- The medicines management policy included a procedure for reporting the loss, breakage or misuse of medicines. These incidents would be immediately reported to the duty manager and an incident report form completed.

## Records

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- There was a confidentiality and data protection policy.
- During transport, the staff used a patient care form to record all observations and process. Staff told us completed patient report forms (PRF) were taken from the cars daily and placed in a locked metal box on station. These forms were scanned and stored electronically. The original records were handed over to the NHS ambulance trust.
- We observed that all patient identifiable information was stored securely in a locked metal box on station to protect confidentiality.
- We reviewed a small sample of PRF records. We found that these had all been fully and clearly completed.
- The service had a do not attempt cardio pulmonary resuscitation (DNACPR) policy which had been implemented in January 2018. The policy described the guidance for advanced decisions and DNACPR orders. All staff were aware of the process to ensure DNACPR decisions were up to date and recorded.
- The paramedic crew told us the control room would inform them if a DNACPR order was in place. Crew gave us examples of three patients that had recently had a DNACPR order; one patient had the order on his person and the other two patients at their care home.
- The patient report form had a section for recording patient observation and the paramedic crew would observe and monitor a patient for deterioration. Crew used the National Early Warning Score (NEWS) tool to assess deteriorating patients.
- The managing director told us an ambulance would be provided by the NHS ambulance trust when required. Approximately 35% of the patients assessed required an ambulance with two crew. The NHS ambulance trust transported these patients to the hospital.
- Seventeen percent of patients that were seen and treated were transported by the service to the hospital or urgent care centre. The paramedic conducted a dynamic risk assessment before transporting a patient. The service only transported patients to hospital if they did not require an ambulance with two crew. The remaining four percent of patients made alternative arrangements once they had been assessed for example being transported by a family member or taking a taxi.
- All staff received first aid training as part of their induction. This included providing cardiopulmonary resuscitation (CPR) and the use of oxygen in an emergency.
- Staff had an understanding of DNACPR (do not attempt cardio pulmonary resuscitation) orders and what the documentation looked like.
- Staff had completed training in conflict resolution to enable them to effectively manage aggressive and challenging patients.

## Assessing and responding to patient risk

- Ambulance calls are divided into categories according to the National Ambulance Response Programme . Category one is life threatening injuries or illnesses, category two are emergencies, category three are urgent calls, category four are for less urgent calls.
- The paramedic crew we spoke with had a clear understanding about what to do if a patient deteriorated. A see and treat service was provided for patients who were classified as a category three which is a low risk emergency.
- The managing director told us 44% of patients were assessed, treated and discharged at the scene. Patients were assessed using protocols agreed between the service and the NHS ambulance trust.
- The NHS ambulance trust triaged patients before passing the calls to the service. The paramedic crew provide a dynamic risk assessment for each patient which is recorded on a patient report form. Crew had access to clinical advice and escalation process that had been agreed with the NHS ambulance trust. Crew could call the NHS ambulance trust they were working with to access clinical advice.

## Staffing

- The service had a managing director, a finance director, an operational and educational lead, an operational support paramedic and a medical director. The service had a pool of 27 bank paramedic staff.
- One paramedic crew was required for each see and treat call. The service had a lone working policy which described the procedure for staff working alone which included maintaining contact with the base.
- Staff did not raise any concerns about access to time for rest and meal breaks. The service did not use agency staff but utilised the existing pool of bank who worked additional shifts on overtime or flexibly where required.
- The managing director showed us the online system for managing staff availability. We saw that staff were able to complete their availability online and managers had a view of the calendar.

# Emergency and urgent care services

- The managing director told us there always sufficient number of staff to cover shifts because of the large pool of bank staff. Staff were available to work on an ad hoc basis to cover sickness absence and holiday leave.

## Anticipated resource and capacity risks

- The service had acquired a third car which would be used as a spare and could potentially increase capacity if required. The car had recently been purchased and had not been connected to the communication and booking system with the NHS ambulance trust.
- The managing director told us the long term plan was to expand the service and make it more diverse. This included increasing the provision for events cover. The service- had acquired three ambulances for this expansion. These ambulances were not operational at the time of the inspection. A complete strategy for future expansion was currently being developed.

## Response to major incidents

- The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there was potential disruption, such as fire or telecommunication system failure.
- The managing director told us the service was not involved with their local hospital NHS ambulance trust regarding supporting and assisting other services in the event of a major incident.

## Are emergency and urgent care services effective?

### Evidence-based care and treatment

- A range of pathways were used that complied with the National Institute for Health and Care Excellence (NICE) guidelines and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. These pathways were in line with the NHS ambulance trust from which the service was sub-contracted.
- The service had a range of guidelines and pathways which were accessible to all staff. The guidelines and pathways were kept in the administrative office. The service was in the process of developing its intranet to allow staff to access guidelines and pathways electronically. Updates were also emailed to staff and posted on the staff notice board.

- The service had a range of policies which reflected national guidance. The operations and education manager told us policies were regularly reviewed and updated. We reviewed policies and procedures and found they had been updated. Staff had access to the policies and procedures which were stored in the administrative office.

### Assessment and planning of care

- The service did not routinely transfer patients. However, there were processes in place to ensure crews were aware of local protocols for the transportation of patients who required to be transported to hospital, urgent care centre or to a GP.
- Patients had their needs assessed and their care provided in line with evidence based practice. The paramedic crew would initially 'see and treat'. Additional support or advice would be given if necessary, for example, a referral to the GP or referrals to NHS urgent care services. All staff were aware of the location of the major trauma centre.
- Staff had access to guidelines on a mobile device including the British National Formulary (BNF).

### Response times and patient outcomes

- The managing director told us the service had a resource reduction factor key performance indicator of 60%. This meant that 60% of patients assessed and treated did not require transport in a double crewed ambulance.
- The target was set by the NHS ambulance trust to improve resource reduction in line with recommendations from the Five Year Forward Review.
- We were provided with data that showed the service exceeded the key performance indicator. From December 2017 to April 2018 the service had a resource reduction factor of 65%. The data showed 44% of these patients were discharged on scene, 17% were transported by the service and four percent of patients made alternative arrangements for transport.
- The service started providing regulated activities in December 2017 and had not had a meeting with the NHS ambulance trust to discuss response times. The first meeting was due to take place in May 2018.

### Competent staff

# Emergency and urgent care services

- Staff were given an induction period. The length of time was dependent on experience. The induction included an awareness of policies and procedures.
- Staff had a training portfolio, which was stored in their human resource file, along with copies of training certificates.
- A process had been developed for annual staff appraisals. We reviewed six staff files. The service started providing regulated activities in December 2017. No staff had been employed for longer than 12 months. The service had plans in place to ensure all appraisals would be completed once a staff member had been employed for 12 months.
- The service provided staff with access to online training courses. The staff we spoke with thought highly of the education and support that was provided to them.
- Continuous professional development (CPD) was ongoing. We saw a list of training courses available on the online training platform. The management team monitors compliance with training requirements.
- We observed good multidisciplinary team working between the paramedic crew and other NHS staff when managing patients. We saw co-ordinated care and transfer arrangements when handing the care over to NHS staff that were responsible for transporting patients to hospital.
- Staff discussed patients' immediate needs and any changes in their condition or behaviour with NHS staff.
- We observed an effective handover process between the paramedic crew and other NHS staff. We observed that ambulance crew giving hospital staff appropriate information to make sure that they understood the patients' needs.

## Access to information

- Staff used a personal airwave radio and mobile phone to communicate with the NHS ambulance trust during patient journeys. The cars were also equipped with a satellite navigation system and an electronic tracker (global positioning system (GPS)) to enable communication and monitoring of the cars whereabouts.
- Staff could assess information to treat patients effectively. The NHS ambulance trust sent the booking information including patient's needs to the crew electronically.
- The service had a policy on do not attempt cardiopulmonary resuscitation (DNACPR) orders. Staff were aware of the importance of DNACPR orders.
- Each car had an administrative box which provided guidance on pathways for patients who may require care from a major trauma centre, such as patients with a stroke, or chest pains.

## Coordination with other providers

- The provider had good working relationships with the NHS providers. For example, the managing director told us that they regularly had telephone conversations with the NHS trust. The service had been working with the NHS ambulance trust since December 2017. The first formal meeting with representatives from the NHS ambulance trust was scheduled to take place in May 2018.
- There were robust systems to escalate concerns with NHS ambulance trusts and we heard examples where this had occurred.
- All staff were aware of their role and lines of accountability when undertaking NHS sub-contract work. If there were concerns or incidents that required reporting to the NHS providers all staff we spoke with informed us they also called the senior management team to inform them.

## Multi-disciplinary working

- There was an effective working relationship between the paramedic crew and staff at the control room.
- Staff liaised with the wider multidisciplinary team as necessary. For example, the ambulance crew from the NHS ambulance trust and the patients GP. We observed one patient being assessed and referred to the GP for continuing care.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy for mental capacity, consent, best interest decisions and deprivation of liberty.
- All staff received training on consent, Mental Capacity Act (2005) and deprivation of liberty safeguards as part of their mandatory training.
- Staff we spoke with understood the Mental Capacity Act (2005) best interest decisions and deprivation of liberty safeguards.
- The patient report form had a section which was completed to check consent had been gained and mental capacity had been assessed.

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- We observed that the paramedic crew did give clear explanations and enabled patients to make decisions about their care. We saw that patients were asked for consent before an assessment was undertaken and before any treatment was provided.
- In emergency situations where an urgent decision needs to be made and a patient cannot consent the paramedic crew would assess and treat the patients in their best interest. Crew told us they would communicate with patients and keep them informed of what was happening. We observed crew communication with patients while providing treatment.

## Are emergency and urgent care services caring?

### Compassionate care

- All the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- We observed the paramedic crew assessing and treating patients at the scene. We saw that the crew took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times.
- We observed that the paramedic crew maintained patients' privacy and dignity. For example, ensuring privacy when a patient had to remove an item of clothing for an examination.
- We observed that the crew were sensitive to their patients' physical discomfort. For example the crew checked if their patient was sitting comfortably and subsequently supported them into a new position in their chair as well as providing a pillow.

### Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Paramedic crew gave clear explanations of what they were going to do with patients and the reasons for it. We observed that the crew checked with patients to ensure they understood and agreed.
- The crew demonstrated an awareness of involving patients, and their relatives or carers, in any decisions that were made about their care.

- A patient had received medication from the GP which they refused to take. The crew contacted the patients GP to pass on the relevant information before referring the patient back to the GP for continuing care.

### Emotional support

- The paramedic crew understood the impact that they could have on patients' wellbeing and acted to emotionally support their patients.
- We observed that crew checked on patients, in terms of discomfort, and emotional wellbeing
- We observed a patient's family became very distressed at the scene. The crew was able to calm and reassure the family by explaining the treatment and actions that were being taken.

## Are emergency and urgent care services responsive to people's needs?

### Service planning and delivery to meet the needs of local people

- Emergency and urgent care services were commissioned by one NHS ambulance trust. The service worked with the commissioning provider to support them to meet demand by having regular telephone meetings with the NHS ambulance trust.
- The main service was an emergency and urgent care service. The service provided a see and treat service at the scene. The service transported some patients who had been seen and treated and required additional care. These patients were transferred to the hospital or urgent care centre.
- The service provided two cars each day for a 12 hour shift between the hours of 10:00am –12:00am seven days a week. One paramedic crew was required on each car.
- The commissioning NHS ambulance trust stipulated the percentage of patients to be seen and treated at the scene as part of the contract.
- The staffing levels, shift patterns and availability of cars were maintained in line with the NHS ambulance trust contract's requirements.
- The management team told us that they were proud that the service had worked with the local NHS ambulance trust to provide a flexible service. For example, the service was contracted to respond to low risk category three calls. However, the service

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responded to category one or two calls, which were life threatening and emergencies, if they were the nearest resource. The NHS ambulance trust had a triage process and determined which calls should be assigned to the service. The service had a clinical policy which included the dispatch criteria.

- The service responded to category two calls if it was appropriate following triage.
- The service also responded to category four calls to reduce the resource use of the NHS ambulance trust.

## Meeting people's individual needs

- The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The Accessible Information Standard was made into legislation in 2016. Cipher Medical Consultancy Limited did not meet this legislation. We discussed this with the managing director told us the legislation would be reviewed and implemented.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities; physical or mental disabilities were assessed via the paramedic crew's interaction with the patient.
- The service had policies and procedures for treating patients with learning disabilities and dementia. The paramedic crew had received training in caring for patients with dementia. Most of the paramedic crew have previous experience and skills in urgent care.
- The crew had access to an interpreter service through a telephone interpreting service and supported patients who did not have English as their first language.

## Access and flow

- Patients were allocated and referred to the service by the NHS ambulance trust. Records showed that the service had enough staff to cover the shifts required.
- The service had two cars operational at the time of the inspection. The service had acquired a third car which would be used as a spare and could potentially increase capacity if required.
- The service worked with the NHS ambulance trust to support them to meet patient demand for their service.
- The service monitored its resource reduction factor. We were provided with data, which showed that the service exceeded the key performance indicator (KPI) for a resource reduction factor of 65%.

- The service started providing regulated activities in December 2017 and had not had a meeting with the NHS ambulance trust to discuss response times. The first meeting was due to take place in May 2018.

## Learning from complaints and concerns

- The service had a policy for handling, managing and monitoring complaints and concerns. The policy outlined the process for dealing with complaints including an investigation and response within 28 days.
- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulances.
- The managing director was the complaints lead. The service had not received any complaints from April 2017 to April 2018.

## Are emergency and urgent care services well-led?

### Leadership of service

- The leadership team consisted of the managing director who was the CQC registered manager, the finance director, the head of operations and education and the operations support manager. The managers we spoke with were aware of their roles and responsibilities, and staff we spoke with knew who the different leads were and what they were responsible for.
- The head of operations and education was responsible for compliance and had overall responsibility for updating policies and procedures and undertaking audits.
- We observed members of staff interacting well with the leadership team during the inspection.

### Vision and strategy for this core service

- The mission and vision of the organisation was displayed in the staff areas. The vision was to work together as a team in the spirit of collaboration, teamwork and a drive for excellence and work on behalf of the clients and partners to positively impact all lives. Additionally, the service planned to grow in scope at all levels taking the whole team on the journey and providing high quality people, equipment and standards to deliver high quality care.
- The service set out a core set of values; the first value was respect and dignity - to treat all their patients,

# Emergency and urgent care services

customers and colleagues with the utmost respect and dignity always. The second value was openness and accountability, to have a culture of openness and accountability without blame to individuals. The service would admit errors or areas requiring improvement free from fear, where support would be given and improvements in patient care developed. The third value is believing everything counts – by treating all actions with enthusiasm, passions and with ideals of excellence to touch patients' lives in a positive way. By approaching every situation with an everything counts approach the service will impact the patients in the most positive way. The fourth value is pride as an individual and as a team in providing high quality patient focused care.

- The paramedic crew we spoke with were aware of the service's vision and values. The crew worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

## **Governance, risk management and quality measurement (and service overall if this is the main service provided)**

- The service had effective systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.
- There were regular management team meetings. We saw records of monthly management meetings discussing operational and clinical issues. For example, the meeting in March 2018 discussed the auditing process for controlled drugs and mandatory staff training.
- The management team had kept up-to-date with key changes in the regulations. Policies and procedures were reviewed regularly and updated where required.
- The service completed a monthly audit on controlled drugs; however the service had not completed audits on infection control and hand hygiene. Risk assessments such as fire safety, health and safety and COSHH had been undertaken. The service monitored its key performance indicator (KPI) on a weekly basis.
- The service had a recruitment policy that set out the standards it followed when recruiting staff. The managing director told us that as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and

Barring Service (DBS), proof of identification, references, check as well as driving licence checks. We reviewed the staff files and found that all these checks had been completed.

- Patient report forms (PRF) were reviewed and monitored for completeness on an ongoing basis.
- The managing director told us learning was cascaded to staff. Staff were provided with clinical bulletins on a regular basis. We saw examples of a clinical bulletin which were displayed on the staff notice board. Examples included an alert and advice on lone working in a particular geographical area.
- Telephone meetings were held with senior managers and commissioners of the service to ensure the provision of the service remained satisfactory. The service worked closely with commissioners and had regular telephone meetings to discuss the ongoing commitment from their organisation to ensure the best patient and customer outcomes. The service was due to have the first face-to-face meeting with commissioners in May 2017.
- There was a risk register in place. There were three items on the risk register for the last 12 months. The risks were categorised into low, medium and high risk. Two of the risks were classified as medium and one as low. We noted these risks to the service had been sufficiently mitigated. We saw records that showed the risk register would be regularly reviewed and updated.
- The low risks on the risk register related to obtaining additional garage space for storing cars and ambulances. The service had actioned this by acquiring an additional unit on the industrial estate. One of the medium risks related to acquiring ambulances and these had been ordered. The second medium risk was identified the possible disruptions that could be caused from moving the operational base to the second industrial unit.
- The managers had not considered risks such as continuity of the service in adverse weather, lone working, car breakdown and controlled drugs.

## **Culture within the service**

- The management team and staff were committed to continuous improvement of the service. A range of courses had been developed and had received external verification. Staff had access to these accredited training courses.

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- The service had an open and honest culture. Staff told us the culture of the service was friendly and approachable.
- Staff we spoke to were proud of the work that they carried out.
- Staff told us the management team was supportive and approachable. Staff told us they usually met individually with the operations manager if needed.

## Public and staff engagement

- The service had a whistleblowing policy to provide assurance to staff who wished to provide feedback about aspects of the service.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.
- Staff told us that the managing director and all the managers were supportive and approachable
- The service's publicly accessible website contained information for the public in relation to what the service was able to offer.
- Staff and management communicated regularly using a mobile messaging system. All members of staff were on the mobile messaging group.
- Staff we spoke with were positive about their engagement with the managers of the service. They told us said they felt involved in decision making around their roles. In addition, they told us they were kept informed of any planned changes and always felt listened to.
- Staff told us the management team were responsive to their feedback and they were comfortable raising

concerns as they arose. Staff meetings were held twice per month so staff had a choice of dates to attend. Updates from the staff meeting minutes were placed on the noticeboard.

- We asked the managing director how they sought feedback from service users. They told us that they did not currently have a formal process to collect feedback with a view to monitoring the quality of the service. The managing director told us the service had plans to continue to develop patient feedback by revising the questionnaire. The service had received positive patient feedback through the NHS ambulance trust.

## Innovation, improvement and sustainability

- The service had a blue print to shape the structure of business development. The managing director told us there were plans to develop the service including front line ambulances work.
- The service had employed the education and operations manager to improve the compliance and governance system within the service.
- Both the managing director and education and operations manager presented on end of life care at the European Emergency Medical Services Congress in April 2018 in Copenhagen.
- The service was currently developing educational content for a course on the use of social media and maintaining patient confidentiality. The service had developed a service evaluation tool to assess how see and treat and admission avoidance would have a positive benefit for patients.



# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the Independent Ambulance Provider SHOULD take to improve**

- The provider should consider completing infection control and hand hygiene audits to make sure staff are compliant with infection control guidelines and policies.
- The provider should consider updating the risk register to include risks such as continuity of the service in adverse weather, lone working, car breakdown and controlled drugs.
- The provider should ensure that any hazardous substances including cleaning products are stored safely following COSHH guidance.
- The provider should ensure they are meeting the Accessible Information Standard to ensure people who have a disability, impairment or sensory loss get information that they can access and understand.